

FILED SEP 17 1957

(THE DIVISION OF HEALTH OF MISSOURI)
STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No.

1003

STATE FILE NUMBER

8183

Registration District No.

Registrar's No.

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Missouri</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Louis</u> TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>40 Hopac Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>6331 Laura</u> | |
| Length of stay in lb <u>65 days</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Gertude Wilhelmina Madsen</u> | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>1</u> Year <u>1957</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 17 1898</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>home</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u> |
| 13a. FATHER'S NAME <u>John D. Paulus</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Hartwig</u> | 14. NAME OF HUSBAND OR WIFE <u>Louis J. Madsen</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>488 40 1642</u> | 17. INFORMANT Address <u>Louis Madsen 6331 Laura Ave.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant melanomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>190X</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>June 27, 1957</u> to <u>Sept. 1, 1957</u> and last saw her alive on <u>Aug. 31, 1957</u> Death occurred at <u>Sept. 1, 1957</u> <u>7:20 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. C. Greiman M.D.</u> | | 22b. ADDRESS <u>462 No. Taylor Ave</u> | 22c. DATE SIGNED <u>9/4/57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>9/4/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Buchholz Mortuary 5967 W. Florissant</u> | | 25. DATE RECD. BY LOCAL REG. <u>SEP 3 '57</u> | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. Alfred B. Burch*

Licensed Embalmer No. *4551*

P. O. Address, *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.